Guidelines for Medical Necessity Determination For Bariatric Surgery

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information MassHealth needs to determine medical necessity for bariatric surgery. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at 130 CMR 415.000 (acute inpatient hospital services), 433.000 (physician services), and 450.000 (administrative and billing regulations), and Subchapter 6 of the *Physician Manual* for information about coverage, limitations, service conditions, and other prior-authorization requirements. Providers serving members enrolled in a MassHealth-contracted managed care organization (MCO) should refer to the MCO's medical policies for covered services.

MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

Section I. General Information

Bariatric surgery (weight-loss surgery) consists of several open or laparoscopic procedures that revise the gastro-intestinal anatomy to restrict the size of the stomach and/or reduce absorption of nutrients.

Weight-loss surgery is an effective treatment for severe, medically complicated, and refractory obesity with attendant risks that, in some rare cases, may include death. Candidates for this surgery benefit from pre-operative and post-operative multidisciplinary (medical, nutritional, behavioral/psychological, exercise/physiological) care.

MassHealth determines the medical necessity of bariatric surgery on an individual, case-by-case basis, in accordance with 130 CMR 450.204, when needed to either alleviate or correct medical problems caused by severe obesity. These guidelines apply to Roux-en-Y gastric bypass surgery. Requests for other forms of bariatric surgery will require exceptional circumstances and additional documentation, depending on the case.

Section II: Clinical Guidelines

Clinical Coverage

MassHealth bases its determination of medical necessity for bariatric surgery on a combination of clinical data and presence of indicators that would affect the relative risks and benefits of the procedure (if appropriate, including post-operative recovery).

These criteria include, but are not limited to, the following.

1. The surgery will be performed under the guidance of a multidisciplinary team (including surgeon, physician, nutritionist, licensed qualified mental health professional) particularly experienced in the performance of bariatric surgery and the pre- and post- operative management of bariatric surgery patients.
2. The surgery will be performed in a facility equipped to properly care for bariatric surgery patients.
3. The member has a body mass index (BMI) greater than 40 or a BMI greater than or equal to 35 with significant co-morbid conditions, for example degenerative joint disease, circulatory and respiratory insufficiency, arteriosclerosis, hypertension, diabetes mellitus, obstructive sleep apnea, or dyslipidemia.
4. The member has been severely obese for at least five years.
5. The provider has ruled out metabolic causes of the member's obesity.
6. The member is at least 18 years of age.
7. The member is well informed of the risks of surgery.
8. The member is under a physician's supervision for the treatment of obesity.
9. The member has satisfactorily completed the pre-operative care plan.
10. These is no evidence of active substance abuse.
11. Any history of binge eating disorder has been documented and discussed.

Section III: Submitting Clinical Documentation

Requests for prior authorization for bariatric surgery must be accompanied by clinical documentation that supports the medical necessity for this procedure.

A. Documentation of medical necessity must include all of the following:

1. the primary diagnosis name and the ICD-9-CM code for the condition requiring surgery;
2. the secondary diagnosis name(s) and ICD-9-CM code(s) pertinent to any co-morbid conditions, if present;
3. a description of the pre- and post- surgical treatment plans, including the specific procedure(s) and CPT codes for any planned procedures;
4. the most recent medical evaluation, including a summary of the medical history and the last physical exam including height, weight, patient and family history, personal and social history, as well as medications past and current;
5. results from diagnostic and/or laboratory tests pertinent to the diagnosis and, if present, co-morbid conditions;
6. risk factors and/or co-morbid conditions;
7. previous surgeries and hospitalizations;
8. initial and follow- up nutritional evaluation(s) and the member's ability to adhere to nutritional restrictions;
9. initial and follow-up psychological evaluation(s) to assess the member's understanding of, and psychological preparedness for, the surgery and the post-surgical requirements;
10. documentation that the member has been informed of the risks of the surgery and of the possible long- term complications;
11. a description of a multidisciplinary aftercare plan;
12. pre-operative weight history documenting a serious attempt at weight loss during the pre-surgical period;
13. identification of social supports;
14 history of smoking, including current smoking status; and
15. other pertinent information that MassHealth may request.

B. Clinical information must be submitted by the surgeon involved in the member's bariatric care. Providers must submit all information pertinent to the diagnosis using the Automated Prior Authorization System (APAS) at www.masshealth-apas.com or by completing a MassHealth Prior Authorization Request form and attaching pertinent documentation.

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These Guidelines are based on review of the medical literature and current practice in bariatric surgical procedures. MassHealth reserves the right to review and update the contents of this Guideline and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of proposed treatment. Some language used in this communication may be unfamiliar to other readers; in this case, contact your health care provider for guidance or explanation.

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